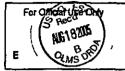
U S Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2008

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution times, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| File Number U 9632 2. Fiscal Year Covered From | | | | | |
|---|--|--|--|--|--|
| | 01 / 01 / 2004 Through [2 / 3] / 2004 | | | | |
| 3 Name and address of person filing | 4 Name file number and address of labor organization | | | | |
| Name VAMES VETRANO | Name LOLAL 305 RWASU - UFCW | | | | |
| | Labor Organization File Number 011-053 | | | | |
| DO DO DIA DO DA ANTINA | | | | | |
| PO Box Bldg Room No If any | P O Box Building and Room Number if any | | | | |
| Street 11 AREYLE TERRACE | Street 120 SAW MILL RIVER ROAD | | | | |
| City YONKERS | -CHY - HASTINGS-ON-HUDSON | | | | |
| State NEW YORK ZIP Code +4 /0701 | State NEW YORK ZIP Code + 4 - 10706 | | | | |
| 5 Position in labor organization | | | | | |
| { (1 / 1) | 1 | | | | |
| Enter appropriate data below if during the past fiscal year you or your spe (except as specified in the excl | 1 The second of | | | | |
| A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizate | derived income or other economic benefit of close the control of t | | | | |
| 6 Name and address of Employer (including trade name if any) | 7 a. Nature of Interest, Transaction or Income. | | | | |
| Name |] | | | | |
| Trade Name if any | 11 | | | | |
| Trade trains it any | | | | | |
| PO Box Bidg Room No If any | 7 b Amount | | | | |
| Street | / D Alloung | | | | |
| | | | | | |
| City 1 1 1 1 | | | | | |
| State ZIP Code 4 | 1 (| | | | |
| Signature | | | | | |
| 15 Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompaniundersigned s knowledge and belief true correct, and complete (See the se | ying documents), has been examined by the signatory and is to the best of the | | | | |
| | | | | | |
| Signed flows Octron | on 8-12-05 914-91-8-5367 | | | | |

| Name of Person Filing | JAMES | VE | TRANO | File Number U- | |
|---|--------------|----------|---|--------------------|-------------|
| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested | | | | | |
| 8 Name and address of Business (including trade name Name LOCAL 305 Trade Name If any PO Box Bidg Room No if any Street 20 SAW MILL RIVER ROA City HASTINGS ON HUA SON State NEW-YORK ZIP. Code | 0 | | 9 Business deals with a Labor Organizat b Trust c Employer | tion | |
| 10 If 9 b or 9 c. is checked give trust or employer's na | ime | | 11 a Nature of such deali | ng | |
| Name LOCAL 305 CTOS PENSON Trade Name If any PO Box Bldg Room No if any | od FUNS | | Lunch AFTE | ER TRUSTER | e's WEETING |
| Street 120 SAN MILL RIVER RUA | <u> </u> | | 11 b Approximate dollar valu | e of such dealing | # 40 00 |
| CHY HASTINGS-ON-HUASON | | | 12 a Nature of interest held | or income received | |
| State NEW York ZIP Code | +4 10706 | | | | |
| | | Ī | 12.b. Amount, | | |
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | | | | | |
| 13 a Name and address of Employer or Labor Relation: (Including trade name if any). | s Consultant | | 14 a Nature of payment. | | |
| Name | | | | | |
| Trade Name If any | | | | | |
| PO Box Bldg Room No if any | | | | | |
| Street | ··· | | | | |
| City | | $\neg $ | | | |
| State ZIP Code | +4 | | | · | |
| 13 b is the Business an Employer or Cons | sultant ? | | 14 b Amount of payment. | | |

| Name of Person Filing \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | NES | S VETRANO File Number U- | | | |
|--|--------------|--|---------------|--|--|
| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested | | | | | |
| 8 Name and address of Business (including trade name if any) Name LOCAL 305 Trade Name if any: PO Box Bldg Room No if any Street 20 SAW MILL RIVER ROAD City HASTINGS -ON-HUA SON State NEW YORIC - ZIP Code + 4 10 If 9 b or 9 c is checked give trust or employer's name Name LOCAL 305 CTOS PENSION F Trade Name if any PO Box Bldg Room No if any Street 20 SAW MILL RIVER ROAD City HASTINGS-ON HUASON State NEW YORK ZIP Code + 4 | الان الان | 11 a Nature of such dealing Lunch AFTER TRUSTEE'S MEETING ON 4/29/04 11 b Approximate dollar value of such dealing \$29.00 12 a Nature of interest held or income received | | | |
| | | 12.b. Amount. | | | |
| C Received from any employer (other than an employer | r covered | red under parts A and B above) | $\overline{}$ | | |
| or from any labor relations consultant to an employer any pay | yment of n | of money or other thing of value | | | |
| 13 a Name and address of Employer or Labor Relations Consu (including trade name if any) | itant | 14 a Nature of payment. | \neg | | |
| Name | | | | | |
| Trade Name If any | | | | | |
| PO Box Bidg Room No if any | | | | | |
| Street | | | | | |
| City | | | | | |
| State ZIP Code + 4 | | | | | |
| 13 b is the Business an Employer or Consultant | 7 | ? 14 b Amount of payment. | | | |

| Name of Person Filing | JAMES | ETRANO File Number U- | | | |
|---|--------------|---|------------|--|--|
| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is Interested | | | | | |
| 8 Name and address of Business (including trade name Name LOCAL 305 Trade Name if any PO Box Bidg Room No if any Street 120 SAW MILL RIVER ROAD City HASTINGS FON HUA SON State NEW YORK TUST OF Employer's na | +4 10706 | 9 Business deals with a Labor Organization b Trust c Employer 11 a Nature of such dealing | | | |
| Name LOCAL 305 CIUS PFNSOS Trade Name if any PO Box Bldg Room No if any | N FUNS | Lunch AFTER TRUSTER ON 7/14/04 | 's WEETING | | |
| City HASTINGS-ON HUNSSAL | | 11 b Approximate dollar value of such dealing | \$ 2100 | | |
| State NEW YORK ZIP Code | +4 10706 | 12.a Nature of interest held or income received | | | |
| | | 12.b. Amount. | | | |
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | | | | | |
| 13 a Name and address of Employer or Labor Relations (including trade name if any) | s Consultant | 14 a Nature of payment. | | | |
| Name | | | | | |
| Trade Name If any | 1 | | | | |
| PO Box Bidg Room No if any | | | | | |
| Street | | | | | |
| State ZIP Code | + 4 | | | | |
| 13 b Is the Business an Employer or Cons | ultant 7 | 14 b Amount of payment. | | | |
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| Name of Person Filing | IAMES | VE | TRANG | 0 | File Number U- | |
|--|--|----|--------------|--------------------------------------|--------------------|------------|
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| 8 Name and address of Business (including trade name Name LOCAL 305 Trade Name If any PO Box Bidg Room No if any Street 120 SAW MILL RIVER ROAD City HASTINGS -ON - HUA SON State NEW YORK TOOLER | | | ∑ b · | Labor Organizat Trust Employer | <u>-</u> | |
| 10 If 9 b or 9 c is checked give trust or employer's name Name LOCAL 305 CTOS PENSION Trade Name If any PO Box Bldg Room No If any | N FUND | | | h AFTE | - | 's UEETING |
| Street 120 SAW MILL RUER RUA | Δ | | 1 в Арргохі | mate dollar valu | e of such dealing | # 37.00 |
| State NEW YORK ZIP Code 1 | 4 10706 | (r | 2.a. Nature | of interest held | or income received | |
| | ······································ | 1 | 2.b. Amoun | t, | | |
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | | | | | | |
| 13 a Name and address of Employer or Labor Relations (including trade name if any) | Consultant | | 14 a Nature | of payment. | | |
| Name | | | | | | |
| Trade Name if any | | | | | | |
| PO Box Bidg Room No if any | | | | | | |
| Street | | | | | | |
| City | | | | | | |
| State ZIP Code + | 4 | | | | | |
| 13 b is the Business an Employer or Consu | Itant | | 14 b Amour | nt of payment. | | |